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PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/451,939	
	<b>Filing Date</b>	December 1, 1999	
	<b>First Named Inventor</b>	Ningning Miao	
	<b>Group Art Unit</b>	1646	
	<b>Examiner Name</b>	M. Brannock	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	CIBT-P02-044

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**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below)
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual Name</b>	ROPES & GRAY David P. Halstead, Ph.D.
<b>Signature</b>	
<b>Date</b>	July 26, 2002

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: July 26, 2002

Signature: (Lee Dunkle)

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/451,939
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 1, 1999
1240.00		First Named Inventor	Ningning Miao
		Examiner Name	M. Brannock
		Group Art Unit	1646
		Attorney Docket No.	CIBT-P02-044
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 18-1945		Fee Code Fee (\$)	
Deposit Account Name Ropes & Gray		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
101 740 201 370 Utility filing fee			
106 330 206 165 Design filing fee			
107 510 207 255 Plant filing fee			
108 740 208 370 Reissue filing fee			
114 160 214 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims -20** =		Extra Claims Fee from below Fee Paid	
Independent Claims -3** =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
103 18 203 9 Claims in excess of 20			
102 84 202 42 Independent claims in excess of 3			
104 280 204 140 Multiple dependent claim, if not paid			
109 84 209 42 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) David P. Halstead, Ph.D.		Registration No. 44,735	
Signature		Telephone (617) 951-7615	
		Date July 26, 2002	

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